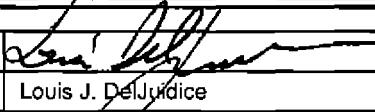


Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

<i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
Fee Transmittal For FY 2007		Application Number	10/613,523-Conf. #4557
		Filing Date	July 2, 2003
		First Named Inventor	Hisanobu Kanamaru
		Examiner Name	H. C. Le
		Art Unit	3663
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No.	
TOTAL AMOUNT OF PAYMENT (\$ 1,120.00)		09637/000M888-US0	

METHOD OF PAYMENT (check all that apply)									
<input type="checkbox"/>	Check	<input checked="" type="checkbox"/>	Credit Card	<input type="checkbox"/>	Money Order	<input type="checkbox"/>	Nonc	<input type="checkbox"/>	Other (please identify): _____
<input type="checkbox"/>	Deposit Account	Deposit Account Number: 04-0100			Deposit Account Name: Darby & Darby P.C.				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
<input type="checkbox"/>	Charge fee(s) indicated below	<input type="checkbox"/>	Charge fee(s) indicated below, except for the filing fee						
<input checked="" type="checkbox"/>	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/>	Credit any overpayments						

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) _____							
Each independent claim over 3 (including Reissues) _____							
Multiple dependent claims _____							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
17	- 20 = 0	x 50.00	= 0.00	Fee (\$)	Fee Paid (\$)	_____	
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____			
3	- 3 = 0	x 200.00	= 0.00	_____			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____	- 100 = _____	/50	(round up to a whole number) x _____	= _____	_____	_____	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount) _____							
Other (e.g., late filing surcharge); 1252 Extension for one additional month 330.00							
1801 Request for continued examination (RCE) 790.00							

SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	47,522	Telephone (212) 527-7791
Name (Print/Type)	Louis J. DelJudice		Date	April 5, 2007	